| مو   |   |          |                                 |               |       |  |                  |             | Application or Docket Number |                        |                 |            |                        |  |  |
|--|---|----------|---------------------------------|---------------|-------|--|------------------|-------------|------------------------------|------------------------|-----------------|------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECO  |   |          |                                 |               |       |  |                  |             |                              |                        |                 |            |                        |  |  |
| Effective December 29, 1999  |   |          |                                 |               |       |  |                  |             |                              | 09/5/6078              |                 |            |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |          |                                 |               |       |  |                  |             | ALL<br>PE                    | ENTITY                 | OR              | OTHER      |                        |  |  |
| FOR '  |   |          | NUMBER FILED                    |               |       | NUMBER                                     | RA               | TE          | FEE                          | 7                      | RATE            | FEE        |                        |  |  |
| ВА   | SIC FEE   |          |                                 |               | 0     |  |                  | į.          | 345.00                       | OR                     |                 | 690.00     |                        |  |  |
| TOTAL CLAIMS   |   |          | 20 minus 20=                    |               |       | •  |                  | 9=          |                              | OR                     | X\$18=          |            |                        |  |  |
| INDEPENDENT CLAIMS   |   |          | (/ minus 3 =                    |               |       | . 3  | X3               | 9=          | 117.00                       | OR                     | X78=            | 2          |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |          |                                 |               |       |  |                  | +13         | 30-                          |                        | 1               | +260=      |                        |  |  |
| *  f   | * If the difference in column 1 is less than zero, enter "0" in column 2              |          |                                 |               |       |  |                  |             |                              | 462-                   | OR<br>OR        | TOTAL      |                        |  |  |
|  | . C   | S AS A   | MENDEC                          | TO'           |       | 102  | <b>]</b> 0,,     | OTHER       | THAN                         |                        |                 |            |                        |  |  |
| 10-11-05 (CO)  |   |          | umn 1)                          | <u> </u>      | (0    | Column 2)                                  | (Column 3)       | SM          | ALL                          | ENTITY                 | OR              | SMALL      |                        |  |  |
| AMENDMENT A  | RE  |          | AIMS<br>AINING<br>TER<br>IDMENT |               |       | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE        | TE                           | ADDI-<br>TIONAL<br>FEE |                 | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | · É      | 3                               | Minus         | ••    | 20   | =                | X\$         | 9=                           |                        | OR              | X\$18=     |                        |  |  |
|  | Independent   | <u> </u> | 2                               | Minus         | •••   | 6  | = \              | X3          | 9=                           |                        | OR              | X78=       |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |          |                                 |               |       |  |                  |             | 0=                           |                        |                 | +260=      |                        |  |  |
|  |   |          |                                 |               |       |  |                  |             | O=<br>OTAL                   |                        | OR              | TOTAL      |                        |  |  |
|  |   |          |                                 |               |       |  |                  | ADDIT.      |                              | 1                      | OR              | ADDIT. FEE |                        |  |  |
|  |   |          | ımn 1)<br>AIMS                  |               | _     | Column 2) (Column 3)                       |                  |             |                              |                        | 9 8             |            |                        |  |  |
| AMENDMENT B  |   | AF       | AINING<br>TER<br>IDMENT         |               | PF    | NUMBER<br>REVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RAT         | ΓE                           | ADDI-<br>TIONAL<br>FEE |                 | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | ٠        |                                 | Minus         | **    | •  | =                | X\$ :       | 9=                           | ``                     | OR              | X\$18=     |                        |  |  |
|  | Independent<br>FIRST PRESE  | •        | N OC M                          | Minus         | ***   |  | =                | X39         | )=                           |                        | OR              | X78=       |                        |  |  |
|  | FINOI FRESE   | IVIATIO  | N OF MC                         | LIPLE DEF     | ENL   | EN I CLAIM                                 |                  | +13         | 0=                           |                        | OR              | +260=      |                        |  |  |
|  |   |          |                                 |               |       |  |                  | <u></u>     | TAL                          |                        | . 1             | TOTAL      |                        |  |  |
|  |   |          |                                 |               |       |  |                  | ADDIT.      | FEE                          |                        | OR              | ADDIT. FEE |                        |  |  |
|  |   |          | IMN 1)                          |               |       | olumn 2)<br>HIGHEST                        | (Column 3)       |             |                              | <u></u>                | 1 8             |            |                        |  |  |
| AMENDMENT C  |   | AF       | AINING<br>TER<br>DMENT          |               | PA    | NUMBER<br>EVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA | RAT         | Έ                            | ADDI-<br>TIONAL<br>FEE |                 | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total   | •        |                                 | Minus         | **    |  | =                | X\$ 9       | )=                           |                        | OR              | X\$18=     |                        |  |  |
|  | Independent   | ٠        |                                 | Minus         | ***   |  | =                | X39         | _                            |                        |                 | X78=       |                        |  |  |
|  | FIRST PRESE   | NTATIO   | N OF ML                         | ILTIPLE DEF   | PEND  | ENT CLAIM                                  |                  | -           |                              |                        | OR              |            |                        |  |  |
| . ,,   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |          |                                 |               |       |  |                  |             |                              |                        | OR              | +260=      |                        |  |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OR  ADDIT. FEE |   |          |                                 |               |       |  |                  |             |                              |                        |                 |            |                        |  |  |
| 1  | he "Highest Num   | per Prev | iously Paid                     | For (Total or | Indep | pendent) is the                            | highest number   | found in th | e app                        | oropriate bo           | in <b>co</b> li | ımn 1.     |                        |  |  |